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FAX TRANSMISSION

DATE: April 21, 2005**PTO IDENTIFIER:** Application Number 09/740,930-Conf. #7304
Patent Number**Inventor:** Peter C. Cramton et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Stanley B. Green

PHONE: (202) 331-7111**Attorney Dkt. #:** 21736-00011-US**PAGES (Including Cover Sheet):** 21**CONTENTS:**
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment In Response to Final Office Action (15 pages)
Certificate of Transmission (1 page)
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CONNOLLY BOVE LODGE & HUTZ LLP
1990 M Street, N.W., Suite 800, Washington, DC 20036-3425
Telephone: (202) 331-7111 Facsimile: (202) 293-6229

PTO/SB/97 (08-04)

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U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 09/740,930

Attorney Docket No.: 21736-00011-US

Certificate of Transmission under 37 CFR 1.8

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on April 20, 2005
Date
SignatureDiana M. Francis

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Note: Fee Transmittal (1 page)
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2008, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).</i>		Complete If Known	
FEE TRANSMITTAL		Application Number	09/740,930-Conf. #7304
For FY 2005		Filing Date	December 21, 2000
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Peter C. Cramton
TOTAL AMOUNT OF PAYMENT		Examiner Name	Poinvil, Frantzy
(\$)		Art Unit	3628
1055.00		Attorney Docket No.	21736-00011-US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
52	- 50 = 2	x 25	= 150.00

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)**

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
8	- 7 = 1	x 100	= 100.00

3. APPLICATION SIZE FEE
 If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): 2263 Extension for response within third month
 2801 Request for continued examination (RCE) (see 37 ...)

510.00

395.00

SUBMITTED BY	
Signature	<i>Stanley B. Green</i>
Name (Print/Type)	Stanley B. Green
Registration No. (Attorney/Agent)	24,351
Telephone	(202) 331-7111
Date	April 21, 2005

PTO/SB/30 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

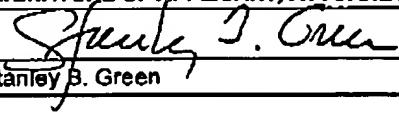
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Request For Continued Examination (RCE) Transmittal		Application Number	09/740,930-Conf. #7304
Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date	December 21, 2000
		First Named Inventor	Peter C. Cramton
		Art Unit	3628
		Examiner Name	Polinvil, Frantzy
		Attorney Docket Number	21736-00011-US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<p>1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p> <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iv. <input type="checkbox"/> Other _____</p>			
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 9 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>			
<p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>22-0185</u>. I have enclosed a duplicate copy of this sheet.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.138 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	April 21, 2005
Name (Print/Type)	Stanley B. Green	Registration No.	24,351

AMENDMENT TRANSMITTAL LETTER				Docket No. 21736-00011-US	
Application No. 09/740,930-Conf. #7304	Filing Date December 21, 2000	Examiner Poinvil, Frantzy	Art Unit 3628		
Applicant(s): Peter C. Cramton et al.					
Invention: SYSTEM AND METHOD FOR THE EFFICIENT CLEARING OF SPECTRUM ENCUMBRANCES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	52	- 50 =	2	x 25.00	50.00
Independent Claims	8	- 7 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					150.00
<input type="checkbox"/> Large Entity			<input checked="" type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 22-0185 in the amount of \$ _____ . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Stanley B. Green</u>			Dated: April 21, 2005		
Stanley B. Green Attorney Reg. No.: 24,351					
CONNOLLY BOVE LODGE & HUTZ LLP 1990 M Street, N.W., Suite 800 Washington, DC 20036-3425 (202) 331-7111					